

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

NSDD-84 Nondisclosure Agreement

FROM:

Chairman, DCI Security Committee  
5E-25 CIA HQS

EXTENSION

NO.

SECOM-D-183

DATE

25 August 1983

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. DDCI

STAT

2.

STAT

3. DCI

STAT

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4.

5.

6.

The DDCI declined to sign  
the attached memor.

7.

8.

advised SSCI + HPSCI  
staff telephonically.

9.

10.

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12.

13.

14.

15.

DIRECTOR OF CENTRAL INTELLIGENCE  
**Security Committee**

25 August 1983

SECOM-D-183

MEMORANDUM FOR: Director of Central Intelligence

VIA: Deputy Director of Central Intelligence

FROM:

Chairman

STAT

SUBJECT: NSDD-84 Nondisclosure Agreement

1. Paul Thompson, NSC Staff, advised today that the Department of Justice (Richard Willard) will present a press background briefing this morning on the nondisclosure agreements mandated by NSDD-84. Thompson indicated we should notify the appropriate Congressional committees before they hear of it in the press.

2. Attached for your signature are brief memos to Senators Goldwater and Moynihan, and Congressman Boland to accomplish this.

STAT

Attachments

**Page Denied**

## **Sensitive Compartmented Information Nondisclosure Agreement**

An Agreement between \_\_\_\_\_ and the United States  
(Name—Printed or Typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to information known as Sensitive Compartmented Information (SCI). I have been advised and am aware that SCI involves or derives from intelligence sources or methods and is classified or classifiable under the standards of Executive Order 12356 or under other Executive order or statute. I understand and accept that by being granted access to SCI, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of SCI, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures. I understand that I may be required to sign subsequent agreements as a condition of being granted access to different categories of SCI. I further understand that all my obligations under this Agreement continue to exist whether or not I am required to sign such subsequent agreements.

3. I have been advised and am aware that direct or indirect unauthorized disclosure, unauthorized retention, or negligent handling of SCI by me could cause irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge such information unless I have officially verified that the recipient has been properly authorized by the United States Government to receive it or I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) last granting me either a security clearance or an SCI access approval that such disclosure is permitted.

4. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information. As used in this Agreement, classified information is information that is classified under the standards of E.O. 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security.

5. In consideration of being granted access to SCI and of being assigned or retained in a position of special confidence and trust requiring access to SCI and

other classified information, I hereby agree to submit for security review by the Department or Agency last granting me either a security clearance or an SCI access approval all materials, including works of fiction, that I contemplate disclosing to any person not authorized to have such information, or that I have prepared for public disclosure, which contain or purport to contain:

- (a) any SCI, any description of activities that produce or relate to SCI, or any information derived from SCI;
- (b) any classified information from intelligence reports or estimates; or
- (c) any information concerning intelligence activities, sources or methods.

I understand and agree that my obligation to submit such information and materials for review applies during the course of my access to SCI and at all times thereafter. However, I am not required to submit for review any such materials that exclusively contain information lawfully obtained by me at a time when I have no employment, contract or other relationship with the United States Government, and which are to be published at such time.

6. I agree to make the submissions described in paragraph 5 prior to discussing the information or materials with, or showing them to anyone who is not authorized to have access to such information. I further agree that I will not disclose such information or materials unless I have officially verified that the recipient has been properly authorized by the United States Government to receive it or I have been given written authorization from the Department or Agency last granting me either a security clearance or an SCI access approval that such disclosure is permitted.

7. I understand that the purpose of the review described in paragraph 5 is to give the United States a reasonable opportunity to determine whether the information or materials submitted pursuant to paragraph 5 set forth any SCI or other information that is subject to classification under E. O. 12356 or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security. I further understand that the Department or Agency to which I have submitted materials will act upon them coordinating with the Intelligence Community or other agencies when appropriate, and substantively respond to me within 30 working days from date of receipt.

8. I have been advised and am aware that any breach of this Agreement may result in the termination of any security clearances and SCI access approvals that I may hold; removal from any position of special confidence and trust requiring such clearances or access approvals; and the termination of my employment or other relationships with the Departments or Agencies that granted my security clearances or SCI access approvals. In addition, I have been advised and am aware that any unauthorized disclosure of SCI or other classified information by me may constitute a violation or violations of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and 952, Title 18, United States Code, the provisions of Section 783 (b), Title 50, United States Code and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

9. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result, or may result from any disclosure, publication, or revelation not consistent with the terms of this Agreement.

10. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

11. I understand that all information to which I may obtain access by signing this Agreement is now and will forever remain the property of the United States Government. I do not now, nor will I ever, possess any

right, interest, title, or claim whatsoever to such information. I agree that I shall return all materials which have or may come into my possession or for which I am responsible because of such access, upon demand by an authorized representative of the United States Government or upon the conclusion of my employment or other relationship with the Department or Agency that last granted me either a security clearance or an SCI access approval. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.

12. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to SCI and at all times thereafter.

13. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

14. I have read this Agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available to me Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, Section 783 (b) of Title 50, United States Code, the Intelligence Identities Protection Act of 1982, and Executive Order 12356 so that I may read them at this time, if I so choose.

15. I make this Agreement without mental reservation or purpose of evasion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number  
(see notice below)

\_\_\_\_\_  
Organization

The execution of this Agreement was witnessed by the undersigned, who, on behalf of the United States Government, agreed to its terms and accepted it as a prior condition of authorizing access to *Sensitive Compartmented Information*.

#### WITNESS and ACCEPTANCE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

Notice: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above, 2) determine that your access to the information indicated has terminated, or 3) certify that you have witnessed a briefing or debriefing. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations.

## SECURITY BRIEFING ACKNOWLEDGEMENT

I hereby acknowledge that I was briefed on the following SCI  
Special Access Program(s):

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(Special Access Programs by Initials Only)

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Signature of Individual Briefed

---

Date Briefed

---

Printed or Typed Name

---

Social Security Number  
(see notice below)

---

Organization (Name and Address)

I certify that the above SCI access(es) were approved in accordance  
with relevant SCI procedures and that the briefing presented by me  
on the above date was also in accordance therewith.

---

Signature of Briefing Officer

---

Printed or Typed Name

---

Organization (Name and Address)

---

Social Security Number  
(see notice below)

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## SECURITY DEBRIEFING ACKNOWLEDGEMENT

Having been reminded of my continuing obligation to comply with the terms of this Agreement, I hereby acknowledge that I was debriefed on the following SCI Special Access Program(s):

\_\_\_\_\_  
(Special Access Programs by Initials Only)

\_\_\_\_\_  
Signature of Individual Debriefed

\_\_\_\_\_  
Date Debriefed

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Social Security Number  
(see notice below)

\_\_\_\_\_  
Organization (Name and Address)

I certify that the debriefing presented by me on the above date was in accordance with relevant SCI procedures.

\_\_\_\_\_  
Signature of Debriefing Officer

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Organization (Name and Address)

\_\_\_\_\_  
Social Security Number  
(see notice below)

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